

**A Review Of Workplace Culture In A Health Care Setting And Its Impact On  
The Employees Of Southlake Regional Health Centre**

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## **Abstract**

The purpose of this project was to further investigate an issue that had been identified by staff at Southlake Regional Health Centre in a previous study. In 2002, staff identified “creating supportive work environments” as a key issue that needed to be addressed by the hospital. The method that was used to collect data for this project was a survey of employees. Some employees voluntarily filled out a survey at a booth on the topic of Coping With Stress that was set up in the hospital during Healthy Workplace Week in October 2005. A total of 82 responses to the survey were received. The average score was 14.2 out of a possible total of 20. This indicated that the respondents to the survey feel a fairly high level of support in their work environments.

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## **Introduction:**

Attendance management and disability management are important issues in hospital and health care settings. Increasingly, however, these issues have been linked directly to the types of health and wellness policies and initiatives within the health care environment. In Ontario, the Ontario Hospital Association (OHA) identified these issues within a study developed by the Healthy Hospitals Pilot Group in 2002. The purpose of that study was to implement a broad-based healthy hospitals initiative in Ontario's hospitals. As stated in the report, "the ultimate vision is that communities will look to their local hospitals as models of healthy workplaces and healthy employees" (Ontario Hospital Association, 2003).

Southlake Regional Health Centre in Newmarket was one of the 20 hospitals that participated in this pilot project. A large survey was conducted with employees from each of the 20 hospitals, representing five different regions of the province. The results of the survey were summarized and returned to the participating hospitals starting in April 2003.

The purpose of this project, therefore, was to review the findings of that survey and to conduct an assessment that demonstrates whether the same issues are identified as priorities by staff. Since multiple areas were included in the original survey, this project will focus specifically on one of the high priorities identified by staff three years ago. Respondents identified "creating supportive work environments" as one of the key issues that Southlake Regional Health Centre needs to address.



The concept of supportive work environments is well documented in the literature and the effect of the work environment on stress levels of employees will be discussed in the literature review.

The next component of this project was to implement activities at the hospital during Healthy Workplace Week from October 24-30, 2005. The focus of these activities was on providing educational materials, surveying employees regarding their current stress levels and offering techniques to help them better manage stress.

Finally, the results of the survey were tabulated and published on the hospital's intranet site and the data will be stored electronically in the Occupational Health & Safety Department in order to identify potential trends across departments and plan programs accordingly.

## **Literature Review:**

This section of this paper will review articles published on the topic of stress in the workplace. Many of the articles and websites provide a list of symptoms of stress and suggestions on how to reduce stress within an organization (Canadian Health Network, 2002; Health Care Health & Safety Association of Ontario, 2003; Williams, 2003). Job stress is defined by the National Institute of Safety and Health (NIOSH) as the harmful physical and emotional responses that occur when the requirements of a job do not match the capabilities, resources, or needs of the worker. It is dependent on the interaction between individual characteristics and conditions at the workplace (Health Care Health & Safety Association of Ontario, 2003).

There is also literature specific to stress in the health care environment. The Healthy Hospitals Pilot Group study by the Ontario Hospital Association was completed in 2002. This project was intended to provide a population health approach to providing health services and to increase the capacity of Ontario's hospitals to fully embrace this approach to improving the health of communities (Ontario Hospital Association, 2002). Southlake Regional Health Centre was one of the pilot hospitals in this project and the summary report entitled the Healthy Hospital Employee Survey report includes many items that measured the stress levels of employees (Ontario Hospital Association, 2003). As noted in the original document, the OHA Healthy Hospital Model approaches wellness as "achieving balance in physical, mental, emotional, spiritual, and social contexts. Health is an important force in our daily lives, influenced by life circumstances, beliefs, actions,

culture, and social, economic and physical environments” (Ontario Hospital Association, 2002, p.3)

The Healthy Hospital Survey Report also included background information on issues such as organizational trust, respect and fairness; work-life balance and stress management. This report identified that strong employment relationships that are built on trust, respect and fairness can contribute to improved quality of life at work and improved organizational performance. An employee’s sense of organizational trust and loyalty is developed when he or she believes that the employer, most often experienced as one’s own supervisor, takes his or her best interests into account when making decisions. An organizational culture based on trust, respect and fairness is created and sustained when employees are treated as assets rather than costs that need to be controlled. This requires written vision, mission and value statements that are consistently and clearly communicated by senior management. Broad human resources goals and objectives must be incorporated into business and strategic planning. In addition, specific employee health and well-being indicators should be consistently measured and improved (Ontario Hospital Association, 2003).

The Healthy Hospital Survey Report includes a definition of conflict in work-life balance. It states that “conflict occurs when the cumulative demands of the many work and family or personal roles are incompatible in some respect such that participation in one role is made more difficult by participation in another” (Ontario Hospital Association, 2003, p.8). It also highlights the fact that the inability to balance work and family demands has been linked to reduced work performance,

increased absenteeism, higher turnover, lower commitment and poorer morale. It suggests that organizations must address work life balance issues by providing a clear statement of support and adequate and suitable programs and services for employees.

An article by Carol Matusicky noted that there is consistent evidence that stress and work-life conflict are on the rise for Canadian workers. There is an increase in the percentage of workers with eldercare responsibilities and with both childcare and eldercare responsibilities. Work-life conflict is noted to be particularly problematic for parents of young children, especially women. This conflict is related to increase in illness, depression, injury and prescription drug use. Matusicky also quotes from the study completed by Duxbury and Higgins in 2003 entitled "Voices of Canadians: Seeking Work-Life Balance". Their data showed that employees identified the following factors that impact on work-life balance at the organizational level: heavy workloads, non-supportive management, the perception that an employee has to choose between career advancement and balance, concerns around policies, constancy of change, temporary and part-time work and organizational culture. These employees identified that factors that make a difference at the organizational level include supportive managers, a supportive caring work environment, and recognition of the need for culture change and concrete support of work-life balance (Matusicky, 2003).

In terms of stress management, the Healthy Hospital Survey Report notes that organizations have the ability to reduce employee stress levels in two ways. They can increase employees' abilities to manage their own stress levels.

Alternatively, or simultaneously they can modify the organization's climate, culture or policies so that demands are reduced. (OHA, 2003). It is the latter approach that is being examined in further detail in this project.

As outlined by Cooper and Cartwright (1994), stress interventions can focus on the individual, the organization, or the individual/organization interface. The primary approach is to reduce the stressors. The secondary approach is to teach methods to better manage the symptoms of stress. The tertiary approach is to offer services to help employees deal with stress. The secondary and tertiary approaches tend to focus on changing the individual. In contrast, stressor reduction, a "front end" approach, could arrest the whole stress process. This would require organizations to implement strategies that reduce the cause of stress at its source. The types of strategies discussed include redesigning the task, redesigning the work environment, establishing flexible work schedules, encouraging participative management, including the employee in career development, analyzing work roles and establishing goals, providing social support and feedback, building cohesive teams and establishing fair employment policies. The authors note that it can be argued that a truly healthy organization would be one in which the secondary and tertiary interventions are unnecessary.

Stress specific to the nursing profession has been studied in various contexts. An article by Burke and Greenglass examined the effects of hospital restructuring on full time and part time nursing staff in Ontario. They noted that previous research has concluded that downsizing often has a negative effect on the employees that survive the job cuts. Future organizational performance is



determined by the way employees respond to organizational restructuring and downsizing. They noted that part-time and full-time employees may have different experiences because they have different frames of reference. They reviewed the significant downsizing taking place in Ontario hospitals as a result of reduction of transfer payments from the federal government. They noted that a survey of registered nurses concluded that 85% of those surveyed believed that understaffing due to budget cuts and downsizing has reached the point that unsafe conditions exist for patients. The resulting increase in workload for remaining nurses has resulted in nurses reporting higher stress levels, high job insecurity and poor morale. This study aimed to determine whether the effects of downsizing affected full-time and part-time nurses in different ways. It concluded, however, that full-time and part-time nurses experienced hospital restructuring and downsizing in remarkably similar ways. Both groups described the negative impact on hospital functioning and their personal work stressors such as threats to job conditions, security and job satisfaction (Burke & Greenglass, 2000).

An article by Tyson, Pongruengphant and Aggarwal examined how hospital nurses are coping with organizational stress in Southern Ontario. They noted that nurses deal with several sources of stress that have been identified in previous studies. These include workload pressures due to insufficient time and resources, pressures due to role ambiguity and coping with changing responsibilities, pressures dealing with patients and relatives especially when patients are dying, pressures due to conflicting demands of work and home and organizational pressures due to nurses' lack of involvement in planning and decision making. Their

study hypothesized that government cutbacks and anticipated staff reductions would be a major source of stress for hospital nurses. Organizational stress due to the lack of organizational support and involvement was found to be the major source of stress reported by nurses. When nurses were asked to describe their most important source of stress they described stress from staff shortages increasing their workload, hospital management, job insecurity and government cutbacks or restructuring (Tyson et al., 2002).

A study in the Netherlands examined the influence of organizational conditions as well as job characteristics and how these factors contributed to job stress in the nursing profession. This study included 807 registered nurses working in an academic hospital. It determined that job characteristics such as demands and control mediated the relationship between work conditions such as work agreements, rewards and outcomes. It therefore recommends that by managing organizational and environmental conditions of work, job characteristics can be altered and that it is these job characteristics that influence nurses' job satisfaction (Gelsema, Van der Doef, Maes, Akerboom, Verhoeven, 2005).

In Quebec, a study was completed with 60 health care workers in a long-term care unit. This study used an approach known as participatory organizational intervention. This approach allowed the employees to identify work constraints and implement an action plan to address the constraints. The participants in this study demonstrated a significant increase in reward and a significant decrease in effort-reward imbalance. Absenteeism rates decreased from 8.26% to 1.86% over the course of the study period. This study therefore illustrates the benefits of having

workers involved with identifying the constraints on their work as well as the methods to address these constraints (Lavoie-Tremblay, Bourbonnais, Viens, Vezina, Durand & Rochette, 2005).

Other authors have focused specifically on management and leadership practices and how these can either increase or alleviate stress in employees (Burton, 2002; Cahill et al., 1995). As outlined in the article by Burton, one of the three principles of workplace health promoted by Health Canada is ensuring a healthy psychosocial environment for employees. Psychosocial hazards can be the direct result of leadership and management practices. As cited in a report by Health Canada, the Demand/Control model of Karasek & Theorell outlines how workers with high demands placed upon them and little control over their work can experience higher stress levels (Health Canada, 2000). Data show that people working with high demands and low control experience significantly higher rates of heart and cardiovascular disease, anxiety, depression, alcohol abuse, infectious diseases, back pain and repetitive strain injuries. Workers required to exert the highest effort while experiencing the lowest rewards, compared to workers who receive high rewards and recognition for their high efforts, experience much higher rates of cardiovascular disease, depression, conflict, back pain, and repetitive strain injuries.

Occupational health and safety legislation requires employers to take every reasonable precaution to protect the health and safety of workers. It has been argued that employers must therefore control psychosocial hazards in the workplace at source under the general requirements of due diligence. Some of the



methods recommended for reducing the exposure to and effects from psychosocial hazards in the workplace are encouraging workers to participate in decision-making, encouraging workers to voice concerns and make suggestions, improving workers' trust in the company and managers' trust of workers, demonstrating fairness in management style and application of policies, improving supervisors' communication effectiveness, training and evaluating supervisors in giving rewards and appreciation appropriately, instituting 360 degree feedback for performance measurement, instituting flexible work options, supporting work/life/family balance with policies and practices and measuring employee stressors and satisfaction regularly and then acting on the results in consultation with the employees. In most cases, these options require a serious commitment from senior management, a transformational leadership style to change the culture of the organization and patience to make change over the long term (Burton, 2002).

The legislative requirements to control occupational stress were reviewed in more detail by Clarke and Cooper (2000). They note the increasing costs to business from personal injury claims from employees who have suffered adverse effects of workplace stress. In the United Kingdom, the Health and Safety Executive has shifted the focus of risk assessment from physical hazards to the risk associated with occupational stress. They argue that a risk management methodology is needed to allow companies to assess the risk posed by workplace stress in their organization. The risk posed by workplace stressors can be understood in relation to the exposure to stress and the consequences in terms of negative outcomes. There must be a method to measure perceived levels of stress,

and negative outcomes likely need to be measured across groups. The risk can be calculated using the formula  $\text{risk} = \text{exposure} \times \text{consequences}$ . Stress audit instruments can be used to obtain exposure levels for a particular sample. Consequences, meanwhile, are obtained by calculating a correlation between stressors and stress outcomes. The acceptability of a risk factor should be determined by comparison to industry norms. Organizations should then focus on primary interventions that reduce the stressors themselves rather than secondary or tertiary interventions that focus on changes to the individuals. The final stage should involve monitoring the effects of risk control measures and evaluating their effectiveness.

Changing workplace culture and management practices is a daunting task. As outlined by Cahill (1995), healthy organizational change takes time and employee health and satisfaction must be the key outcome measure of any change effort. A serious organizational change has two important levels to it. The first is the content of the change and the second is the process of the change. The types of changes that may be considered may increase employees' autonomy or control, increase skill levels, increase levels of social support, improve physical working conditions, provide for job security and career development, provide for healthy work schedules, provide a reasonable level of job demands or improve the personal coping mechanisms of employees. Methods to increase social support may include training in proactive supervision, conflict resolution and team building. Some strategies for maintaining job demands at healthy levels are to reduce the use of overtime or restrict the size of caseloads. The authors note that organizational

change that improves employee health can be a long and difficult process. However it is also important to remember that the costs of stress to the organization can be extremely high. Initiating change will require a considerable effort but it is always preferable to allowing inertia to take over and the toll of stress to rise.

Two more recent models that examine the effects of workplace stress are the Culture-Work-Health Model and the Asynchronous Multiple Overlapping Change Model of Workplace Stress. In the Culture-Work-Health Model, the assumption is that the context in which people work may be responsible for much of the problem in employee health and burnout. The defining organizational culture is a primary cause of distress related to worker autonomy, job design and social support. The corporate culture defines the context in which people behave. The essence of culture is in the underlying assumptions, values and beliefs that have been jointly learned and taken for granted by the organization. These assumptions dictate how employees should interact, behave and communicate. Culture will influence what is perceived as stressful, therefore worker health and organizational health need to be appropriately balanced (Peterson & Wilson, 2002).

Sikora, Beaty and Forward (2004) looked beyond culture as an influencing factor and noted that today's worker is faced with numerous minor daily stressors related to change in technology and workplace practices as well as major changes related to mergers and downsizing. They state that change management models neglect to account for the fact that acute events increasingly overlap, the baseline in most organizations is not stable and change often emerges from within the organization. Employee experience, therefore, is often nonlinear, complex and

dynamic. The limits of current models of workplace stress are that the number of stressors experienced by employees is many, not singular and multiple changes do not happen sequentially but simultaneously. As well, the pace of change in the workplace is accelerating. The model they have developed illustrates the impact on employees based on the number of changes occurring, the timing between the changes and the cumulative effects of these changes. Their framework therefore occurs with asynchronous, multiple overlapping changes. In this context, there is no room for assimilation or consolidation of one change before the next peak or anticipatory phase ensues. Their theoretical contribution is the expansion of the work stress concept to reflect the multi-source, rapid-fire nature of change in today's organizations. They emphasize the need to actively integrate the real world as experienced by employees and the need to examine the linkages between stress and performance.

In times of cost cutting and budgetary restraint, organizations may question whether they can afford to invest in programs that improve workplace culture and the health of employees. The role of comprehensive health promotion programs is discussed in a number of articles. These programs are designed to improve the health of both the employees and the organization. As defined by Shain and Suurvali (2000), "comprehensive workplace health promotion is an approach to protecting and enhancing the health of employees that relies and builds on the efforts of employers to create a supportive management culture and upon the efforts of employees to care for their own wellbeing" ( p.2) Shain and Suurvali note that health as we experience it and observe it in the workplace is produced or

manufactured by two major forces. These are what employees bring with them to the workplace and what the workplace does to employees once they are there in terms of the organization of work in both the physical and psychosocial senses. These two forces have traditionally been examined separately, but in fact they are closely related and they interact. Health promotion programs have traditionally been designed to help employees with their personal health practices, or what the employees bring with them to the workplace. More recent programs have targeted the organization of work as the preferred method for improving the health of employees. Comprehensive health promotion programs must address both forces acting on health simultaneously and in concert.

As outlined in an article by The Health Communication Unit at The Centre for Health Promotion (2003), workplace health programs are no longer viewed as just a good idea, but rather a crucial investment in an organization's long-term success. Again, they emphasize that workplace health programs need to go beyond programs that address the employees' personal health behaviours. In order to be successful, programs need to take a wider, organizational approach. This necessitates addressing the many factors that affect employee wellbeing such as organizational change initiatives, occupational health and safety programs and voluntary health practices.

The rationale for investment in workplace health promotion programs include cost savings, employee satisfaction, improved organizational profile and due diligence. The cost of employee absence alone in Canada is approximately 8.6 billion dollars every year. This includes direct costs such as workers compensation,

disability costs and drug costs and indirect costs related to absenteeism, replacement costs or equipment damage. Mental and nervous disorders have replaced musculoskeletal conditions as the top conditions causing long-term disability. Recent calculations suggest that upwards of 30 billion dollars is lost to the Canadian economy annually due to mental health and addiction problems. At the same time, Canadians are reporting high levels of work-life conflict. Workers with high work-life conflict averaged 13.2 days absent per year compared to 5.9 days for those reporting low work-life conflict. Canadian companies that have implemented workplace health promotion programs have been able to demonstrate the cost benefit of this investment. A program at B.C. Hydro returned a savings of \$3 for every dollar spent. Similarly, Canada Life Assurance found a savings of \$7 for every dollar spent over a ten-year period. Sick days at various companies were noted to decrease from 6.2 days per employee to 3.8 days per employee or 8 days to 4 days after the implementation of health promotion programs (THCU, 2003).

Workplace health promotion programs have been able to increase employee satisfaction and there are important links between employee job satisfaction, employee health and productivity. This leads to improvements in customer and client satisfaction and ultimately the bottom line. Organizations that value and improve the health of the workplace gain by improving their organizational profile. An improved profile can assist companies to attract and retain good employees. Recruiting and retaining high calibre employees enhances the organization's potential for growth. This also helps organizations demonstrate that they are fulfilling their social responsibility to employees and the community in which they



live and work. Finally, by providing a healthy workplace environment, employers protect themselves from liability charges related to exposure to an identified workplace hazard. These hazards may be physical or psychosocial in nature. This is considered due diligence on the part of employers and it is becoming more of an expectation for employers to protect their employees from both types of hazards (THCU, 2003).

The critical success factors in workplace health promotion are identified as senior management involvement, participatory planning, a primary focus on employees' needs, the optimal use of on-site resources, integration with policies and mission of the organization, tailoring programs to the special features of each workplace environment, regular outcome evaluation and a long-term commitment to the program (THCU, 2003).

The Canadian Health Network first defines health promotion before focusing on workplace health promotion. Health promotion is the process of enabling people to increase control over and improve their health. Health promotion aims to improve or protect health through behavioural, biological, socio-economic and environmental changes. Integrating health promotion in a workplace helps to encourage and improve the health of employees while also improving the health of the organization as a whole. The five principles of a workplace health program that are identified by Health Canada are:

1. Meet the needs of all employees
2. Recognize the needs, preferences and attitudes of different groups of participants

3. Recognize that an individual's lifestyle is made up of an independent set of health habits
4. Adapt to the special features of each workplace environment
5. Support the development of a strong health policy in the workplace

The benefits of a workplace health promotion program are that it can decrease disability frequency and costs, decrease internal conflict, increase image and public relations in a community, increase productivity, increase recruitment, increase morale, increase team building, increase profits by decreasing sick days, reduce injuries, reduce absenteeism, and lower health care costs.

Organizations wanting to implement a workplace health promotion program are encouraged to understand organizational goals, gain commitment from senior management for wellness needs and interests, assess current health and wellness needs and interests, set outcome goals and objectives, develop interventions, implement the program and continuously evaluate and adjust the program to meet the needs of employees (Canadian Health Network, 2004).

Other articles have highlighted how workplace health promotion programs have been urged to move beyond an emphasis on individual lifestyle to address the determinants of health that lie in the workplace itself. There is a need to examine both physical and psychosocial hazards in the workplace. These programs ideally must have involvement of both employers and employees in order to be successful (Eakin, Cava & Smith, 2001).

Chu and Dwyer (2002) outline a model that goes beyond workplace health promotion to what they describe as integrative workplace health management. They



note that increasing numbers of employers are attempting to implement measures that promote employee health and prevent disease while concurrently meeting corporate goals such as reducing absenteeism and staff turnover and improving employee morale. They identify the negative effects of globalization and technological changes that can result in increased casual employment, increased outsourcing, and increased contractual arrangements. These factors may intensify work and its associated pressures including heavier workloads, longer working hours, and a faster pace of work. This has resulted in work stress and the mental health of employees being the fastest growing health problem in today's workforce.

They recommend that employers must deal with work stress as an integral part of the work environment and conditions. They note that in many countries, legislation has expanded so that employers are under a legal obligation to take proactive steps to remove or control health hazards in the workplace. There is a need for well-designed, properly implemented health programs that address the multiple determinants of health including workplace stressors. The integrative workplace health management model is holistic in nature and draws from the fields of health promotion, occupational health and safety, organizational development and human resources management. It uses a participatory needs-based problem solving cycle that incorporates the following steps: ensure management support, establish a co-ordinating body, conduct a needs assessment, prioritize needs, develop an action plan, implement the plan, evaluate process and outcome, revise and update the program. The key principles of the integrative workplace health management model are to improve work organization and the working environment,

develop healthy company policy and culture, encourage active participation by all involved, and ensure health promotion and disease prevention strategies become an integral part of management practices (Chu & Dwyer, 2002).

In October 2005, Dr. Linda Duxbury of Carleton University's School of Business presented at the York Region Workplace Wellness Conference. Her seminar was titled "Standing Still is Not an Option: Why Organizations Need to Focus on Workplace Health and Wellbeing". Her data illustrated that over the decade from 1991 to 2001, Canadians reported increases in conflict managing work-life balance while also reporting decreases in organizational commitment, job stress, and job satisfaction. During this time, the mental health of employees also declined as measured by overall stress levels, depressed mood and life satisfaction. Dr. Duxbury indicated that some of these shifts were due to factors such as changing workforce demographics, increases in the need for dependent care, and increased hours at work. The next section of her presentation addressed why companies need to address these issues due to the needs for recruitment, retention and succession planning and productivity of the organization. She highlighted the changes in the Canadian labour market and the differing expectations among younger generations of workers. She then outlined strategies employers can use, such as reward and recognition, performance management, and flexible benefit programs. She discussed the fact that policies in an organization are necessary but not sufficient and that organizations need to focus on the managers, the work environment, accountability, measurement and cultural change. Supportive managers offer positive feedback, two-way communication, respect, consistency,

coaching, mentoring and they focus on output not hours. Dr. Duxbury emphasized that organizations need to devote resources to training managers because they are most often perceived by employees to be the “employer”. She also reviewed mechanisms for cultural change such as role modeling, teaching, coaching and identifying suitable criteria for allocating resources and rewards (Duxbury, 2005).

At a conference in Toronto in 2002, Dr. Edgardo Perez presented on the topic of “Claims Prevention: Recognizing and Addressing Signs of Stress in the Workplace.” Dr. Perez is the Chief Executive Officer and Chief of Staff at Homewood Health Centre and Homewood Behavioural Health. In his presentation, he reviewed the definition of stress, consequences of excessive stress and the causes of stress in the workplace. He identified the fact that stress is often created in situations where workers have high demands placed upon them but have low control over how they perform their daily work activities. The other factors that can lead to increased stress levels are putting high effort into a job and receiving low reward in return. A chart outlining the symptoms of organizational stress was also included.

Perez provided statistics from the National Population Health Survey of 1998/99. In this survey, 20 percent of Canadian workers experienced job strain, 18% of Canadian workers felt that their jobs were insecure, and 10% of Canadian workers experienced job dissatisfaction. Perez noted that high stress levels in the workplace are associated with absenteeism, staff turnover, increases in disability costs and extended health benefits costs, low productivity, tardiness and tension between groups. He identified several work factors that can threaten mental health.

These include work overload, time pressure, lack of influence over day-to-day work, lack of training or preparation, too little or too much responsibility, ambiguity in job responsibility, lack of appreciation, discrimination, harassment, poor communication or neglect of legal and safety obligations.

His presentation concluded with the role of the organization in managing stress and preventing stress at work. Part of this section included identifying what are considered basic mental health needs in the workplace. These have been identified as respect and appreciation, feeling heard or listened to, the freedom to speak up, a sense of confidence and self worth, freedom from chronic feelings of hostility and anger, a sense of belonging to a meaningful and supportive work group, freedom from chronic symptoms of distress, anxiety and depression and periods of relative calm and peace of mind. Perez reviewed an intervention strategy for workplace stress that included primary interventions that eliminate or reduce sources of stress, secondary interventions that detect and manage stress promptly and tertiary interventions that offer treatment, rehabilitation and recovery of those with illness due to stress. Primary interventions can include strategies such as redesigning the task, offering flexible work schedules, building cohesive teams and addressing issues of demand/control and effort/reward. Secondary interventions may help employees to develop self awareness, individual coping skills and offer stress education and stress management training. Tertiary interventions include offering counseling services, having a system in place to manage return to work, and offering employees the services of an Employee Assistance Program. An Employee Assistance Program (EAP) must be private and confidential and should



offer services that help an employee or family member with personal or emotional problems. It should be designed to support organizational health and safety and enhance employee and family functioning and quality of life. The benefits to the organization of having an EAP in place can include demonstrating concerns for employees, assisting in achieving corporate goals, increasing the return on investment, improving retention of employees, and decreasing absenteeism. For the employee, benefits include offering assistance before personal difficulties become overwhelming or impede performance, and improvements in health, morale, job performance, attendance and family and home life (Perez, 2002).

There are many methods that organizations can use to reduce job stress for their employees. Several of these methods are outlined in an article published by the Health Care Health & Safety Association of Ontario (2003). One suggestion is to ensure that recruitment procedures are designed so that prospective employees clearly understand the demands and challenges of the job. The emphasis should be on achieving a good fit between the person and the position. Another strategy is to design jobs that provide workers with meaning, stimulation and opportunities to use and enhance their skills. Job rotation is suggested as a way to enable workers to expand their skills. Employers should ensure that they are providing safe physical working environments by improving indoor air quality, reducing chemical and physical hazards, improving lighting and reducing manual lifting, repetitive work and awkward work postures. Another strategy is to ensure that workloads and job demands are in line with the capabilities and resources of the workers. Employers should clearly define the roles and responsibilities of workers and provide them with

opportunities to participate in decisions that affect their jobs. It is advisable to establish work schedules such as job sharing, flextime and forward rotating shifts that are compatible with workers' responsibilities outside the job. All organizational and technological changes should be clearly communicated and the implementation of the changes should be appropriately paced. Managers should make every effort to facilitate a supportive environment. Employers should devote resources to develop meaningful employee recognition systems. They can also reduce uncertainty about career development and future employment prospects by offering career planning resources to their employees. Finally, employers can offer workplace wellness programs to enhance workers' personal coping strategies. Stress management techniques that can be provided include time management, assertiveness training and courses on meditation and relaxation (Health Care Health & Safety Association of Ontario, 2003).

An article by Gray (2000) was published in the United Kingdom aiming to improve mental health in the workplace by tackling the effects of stress. This article presented a list of work-related factors that can negatively affect personal well-being. These factors included a lack of control over work, underutilization of skills, too high a workload, too low a workload, low task variety, high uncertainty, low pay, poor working conditions and low interpersonal support. The author noted that if sufficient numbers of employees are affected by stress, the problem becomes an organizational one, manifesting as absenteeism, reduced productivity, increased staff turnover and customer complaints. Therefore, a specific policy relating to mental health at work is recommended. This policy should aim to prevent problems

by eliminating or minimizing stress at its source. It should also minimize the negative effects of stress through education and management strategies. Finally, the policy should ensure that assistance is provided to individuals who are experiencing the effects of stress.

Two articles describe the importance of a sense of control on how employees interpret workplace stress. In the first of these two articles, Spector (2002) notes that job stressors may concern the nature of the job and job tasks, interpersonal relationships at work or the organizational context including insufficient resources or unfair systems. All of these factors are influenced by the perception of control, which is one of the most important elements in the occupational stress process. Control can be over any aspect of work, and control over a stressful situation can reduce the impact of the stressor. Perceived control helps minimize the emotional reaction to job stressors. Control also affects a person's choice of coping strategies. The types of control can be further delineated to primary control and secondary control. Primary control is a direct action taken to affect the environment. Secondary control is an action that affects one's own reaction to the environment. Both of these types of control can help people to manage the effects of workplace stress.

In the second article, by Troup and Dewe (2002), the nature of control was examined in terms of how individuals appraised workplace stress. Control was recognized as an important variable in the stress process. The measure of control used in their study was explicitly designed to measure a number of situational aspects of control and then to examine the relationship between these measures of control and other aspects of the appraisal process. The transactional view of stress



views it as a product of the transaction between the person and the environment. The process of cognitive appraisal links the person and the environment. In work stress research, control is most frequently investigated as a characteristic of the work environment. In this study, participants were asked to complete a questionnaire in which they recalled a stressful situation at work. It then went on to measure both primary and secondary appraisal processes. A sense of control was measured by scoring in the areas of predictability, task control, self-control and general control. Coping strategies were then identified as either emotion-focused or problem-focused. The nature of the work stressors identified by participants included interpersonal conflict, workload issues, personal issues, lack of information and technical problems. Both predictability and self-control were rated as being moderately important in giving respondents a sense of control over the situation they reported. The authors concluded that researchers should continue to explore the multidimensional nature of control. They recommended that control needs to be viewed beyond the characteristics and processes of work by considering the feelings and emotions associated with control.

The guide entitled "Best Advice on Stress Risk Management in the Workplace" that was published by Health Canada in 2000 is an excellent resource for any organization looking for preliminary data as well as a comprehensive overhead presentation that could be used in various educational settings. Dr. Martin Shain developed the guide in consultation with Health Canada, AON Consulting Inc. and CHC Working Well. The primary purpose of the publication, according to the authors, is "to raise awareness and inspire action concerning the



very real risks to health and safety posed by certain kinds of toxic stress in the workplace” (Health Canada, 2000, p. iii). This document also was developed to provide information on organizational stress risk management on the assumption that stress risk is a function of human interactions in the workplace. It is intended to reduce stress at its source rather than to teach individuals methods to cope with stress in their daily lives (Health Canada, 2000). All individuals have personal defenses that protect them from the harmful effects of stress. The major ones that are highlighted are self-efficacy and social support.

The next section of the document reviews the various models that have been developed regarding stress in the workplace. These include Karasek & Theorell’s Demand/Control Model, Siegrist’s Effort/Reward Imbalance Model, and Shain & Shehadeh’s General Model of Influences on Wellness in the Workplace. The link between strain on the body and mind and physical and mental illnesses such as heart disease, anxiety and depression are discussed. Finally, the authors discuss fairness at work as a potential missing link between the existing research and the current climate of many workplaces (Health Canada, 2000).

The final section of the presentation emphasizes that since stress is quantifiable and measurable, therefore the risks to employees’ health and safety can be managed to a large extent. As stated on page 25 of the document, “stress-related risk can be prevented at source when managers choose to make different kinds of decisions about how they govern the workplace”. The most critical choices are related to how the demand/control and effort/reward aspects of work are organized (Health Canada, 2000).

**Scope & Method:**

The population that was studied was the employees of Southlake Regional Health Centre in Newmarket, Ontario. At the time that the project was being carried out, there were approximately 2,000 staff members, and just over half of these employees are full-time employees.

The data already available are the results of the 2002 Healthy Hospitals Pilot Group study. This data illustrates that there were areas identified by staff that needed to be addressed. The item that this project focused on is the need for Southlake Regional Health Centre to provide a supportive work environment for staff.

This project includes a literature review on the topic of stress in the workplace but the primary method for communicating information to employees was at a display booth during Healthy Workplace Week. The focus of the display was recognizing stress symptoms, educating staff about methods to cope with stress, and providing resources such as contact numbers for Occupational Health & Safety and the Employee Assistance Program provider.

The final component of the project was an employee survey that provides data to the Occupational Health & Safety Department regarding how employees at Southlake perceive the culture of the workplace. The results of this survey, which was adapted from the resources available on the Healthy Workplace week website, will be used to shape the direction of future wellness programming at the hospital. The survey was selected as it goes beyond looking at personal health behaviours of employees and stress that they may bring to the work environment. Rather, the

survey that was selected asks employees to comment on how they perceive the workplace culture. This information can therefore help identify whether employees feel supported in their roles at Southlake or whether they feel that there are factors within the workplace itself that are increasing the stress levels of employees once they arrive on the job. The survey delves into area such as relationships with co-workers and managers, the involvement that employees have in decisions affecting their work, the perceived fairness at the workplace, the value and recognition that employees receive at work, and whether employees feel they can balance work and life responsibilities.

The survey, along with the accompanying consent form and information sheet was submitted to the Research Ethics Board at the University of Northern British Columbia in November 2005. Research Ethics Board approval was granted prior to the surveys being distributed to hospital employees.



### Budget & Time Schedule:

Wellness resources and pamphlets were available through community agencies such as the Heart & Stoke Foundation, the Canadian Mental Health Association, the hospital's EAP provider and websites.

| Week of:               |  |
|------------------------|--|
| August 29, 2005        | Began literature search, discussed proposal with Occupational Health & Safety Manager, Occupational Health Nurse and Organization Development  |
| September 5, 2005      | Accessed resources from <a href="http://www.healthyworkplaceweek.ca">www.healthyworkplaceweek.ca</a> , Heart & Stroke Foundation, Canadian Mental Health Association. Determined who else at Southlake should/can be involved. |
| September 12, 2005     | Continued literature review. Contacted EAP provider for resources.   |
| September 19, 2005     | Sent article promoting Healthy Workplace Week to hospital newsletter for inclusion in October 7/05 edition. Met with Manager of Mental Health Services at Southlake.   |
| September 26, 2005     | Reviewed written project proposal with Manager of Occupational Health & Safety and send to academic supervisor, UNBC.  |
| October 3, 2005        | Met with Occupational Health & Safety department staff to discuss plans for Healthy Workplace Week   |
| October 10, 2005       | Ensured display materials were prepared. Reviewed content with Occupational Health Physician.  |
| October 17, 2005       | Ensured Occupational Health & Safety staff members had materials in advance so that they could review them before participating at the display booth.  |
| October 24, 2005       | Set up activities at Southlake for Healthy Workplace Week. Conducted employee surveys and asked for input regarding what types of resources employees need to manage stress.   |
| October 31, 2005       | Summarized findings of survey and plan for ongoing resources for employees.  |
| November/December 2005 | Continued data collection and summary of findings.   |

## **Healthy Workplace Week Activities**

During the week of October 24, 2005, the following activities took place at Southlake Regional Health Centre.

1. A display booth on the topic of "Coping with Stress" was placed in the lobby of the hospital. The Manager of Occupational Health & Safety, the Occupational Health Nurse, the Disability Case Specialist, and a Registered Massage Therapist as well as the writer participated at the booth. We distributed information to staff, volunteers, patients, family members and physicians. The resources included booklets from the Heart & Stroke Foundation and fact sheets from FGI world, the hospital's EAP provider.
2. Employees of the hospital who stopped by the booth were asked to fill out a survey on workplace culture that was adapted from the Healthy Workplace Week website. Staff members were then given a ballot to enter in a draw for a free 60-minute massage therapy treatment by the on-site massage therapist.
3. Members of the Occupational Health & Safety, Human Resources, and Organization Development departments as well as one of the Vice Presidents of the hospital attended the York Region Workplace Wellness conference. The featured speaker at this event was Dr. Linda Duxbury from Carleton University.

## **Survey and Survey Results**

The survey that was used can be reviewed as an appendix to this report. It was entitled "How Healthy is my Work Culture?" and was adapted from the Neighbour @ Work Self-Assessment Tool that is published on the website for Healthy Workplace Week. The survey included statements such as "I am satisfied with the amount of involvement I have in decisions that affect my work" and "I am satisfied with the fairness and respect I receive on the job". A significant limitation of this survey tool was that reliability and validity data was not available to be reviewed. There were a total of 20 statements that employees were required to answer with either "yes" or "no" by checking the appropriate box.

The first group of surveys was completed by employees who stopped by the booth in the hospital lobby during Healthy Workplace Week in October 2005. A second set of surveys was mailed out within the hospital's internal mail system by selecting every tenth name from a list of all hospital employees that was provided by Human Resources. The surveys were distributed by mail in December 2005 and responses were returned by January 2006. The surveys that were distributed by mail included a consent form and information sheet that clearly explained the purpose of the research as well as risks and benefits to participants.

Some of the challenges that became apparent doing this type of research were related to the fact that it is difficult to obtain a high enough response rate using a survey format to accurately represent the opinions of all hospital staff. 82 responses from a total of 235 surveys were received, which represents approximately a 35% response rate. This number is reasonable, however 82



responses from 2000 employees means that less than 5% of the employees of the hospital had their opinions documented by the survey. A possible strategy to increase the response rate would be to increase the number of employees randomly selected from one in ten to one in every four or five. This way, if a total of 400-500 surveys were distributed initially, one could anticipate that the response rate for the entire staff would be more representative of the hospital employees.

It is necessary to state at this point that due to the small sample size and the uncertainty around the psychometrics of the survey tool, the results cannot be generalized to the entire population of Southlake Regional Health Centre.

The results of the survey were analyzed using two methods. The first method was to calculate the average score by tallying the responses from all surveys returned and dividing by the total number of surveys returned (82). This resulted in an average score of 14.2 out of a possible score of 20. According to the scoring that was provided with the original survey material, this indicates that the environment where staff are working falls between what they would classify as health-promoting and health-neutral. This in itself is fairly positive. However, the scoring also suggests that one pays particular attention to items 5, 7, 8, and 11 of the survey in order to determine if the work environment is positive. In order to examine individual items more closely, the "no" responses to each individual question were tallied to examine trends across individual statements. Using this method, the statements that received the highest negative responses were questions 5, 7, 6 and 13. These statements will be outlined in further detail below.

Statement number 5 was “I am satisfied with the amount of involvement I have in decisions that affect my work”. The relatively high negative responses to this statement reflect the fact that employees are feeling that decisions are made without consultation with the employees who will be most affected by the change.

Statement number 7 was “I am well rewarded (in terms of praise and recognition) for the level of effort I put out for my job”. The high negative responses to this statement are a concern because it is not commenting on reward in terms of pay or benefits. Rather, it indicates that employees feel that their immediate supervisor or manager is either not aware of their contribution or is not taking the time to acknowledge and recognize the contribution of employees.

Statement number 6 was “I trust my direct manager/supervisor to take my interests into account when decisions that affect me are being made”. This statement is closely linked to statement number 5; therefore it is not surprising that the two statements received similar scores. Again, it reflects the feelings of employees that changes are being made without proper consultation with employees and that these changes may affect employees in ways that were not considered by the people making the decisions.

Statement number 13 was “My employer has good work/life balance policies in effect.” This statement also received a relatively high number of negative responses. This may be in part to the shift work required of many employees and the high number of employees with young families at home.

The statement that received the highest positive responses was statement number 17, “I am proud of what we do here”. This is important because it



demonstrates that although employees may have concerns about the way decisions are made in the organization or the policies that govern the workplace, they still have a sense of pride in what they do. This may also contribute to why the overall findings of the survey were fairly positive. If employees feel good about their daily roles and feel they are contributing to an effort of which they are proud, this likely permeates most of their perceptions of the workplace.

## **Recommendations**

Given the limitations of this study, any recommendations offered must be interpreted with caution.

One recommendation from the survey would be to ensure that employees are consulted about pending decisions so that they have an opportunity to contribute ideas and express concerns as possible solutions are being discussed. This would help employees to offer suggestions based on their own knowledge of strategies and solutions that have been trialed in their areas.

Another recommendation that needs to be communicated to managers and supervisors is that employees need to feel that their contribution to the team has been noticed and recognized. This may be as simple as having managers be more visible on the unit and observing the types of challenges that employees face on a day to day basis. The employees clearly need to feel that their managers are aware of their role and need to be validated that they are contributing.

Another area that clearly needs to be reviewed is the work/life balance policies that are in place at Southlake. It is advisable to invite employees to work on a task force so that they can identify the ways that their work responsibilities impact on family and life responsibilities. That would enable policies and practices to be developed that are most useful to the staff that would be affected by them. It may also offer some creative ideas or solutions that may not require significant changes in policy but may need to be identified in order to be addressed.

There may be other areas that the hospital could devote more resources to in order to help employees feel more supported in their roles. One area that has been

identified by the Manager of Occupational Health & Safety is to make the resources of the Employee Assistance Provider more recognizable by management. The Employee Assistance Provider offers confidential counseling and assistance to employees on a wide range of topics and it would be helpful for managers to remind their employees of this service if they have any concerns about the employee. One method that has been used to increase awareness of the resources available through the EAP provider has been to offer a series of workshops on the topic of work/life balance. These workshops have been well attended and again emphasize the need that people see for strategies to help them live more balanced lives.

## **Conclusions**

The intent of this project was to examine more closely the level of support experienced by the staff of Southlake Regional Health Centre. The need for a more supportive work environment was identified by staff who participated in a broader hospital survey in 2002. As evidenced in the literature, the levels of stress that employees experience is not solely from circumstances in their personal lives that they bring with them to the workplace. Stress can also be a direct result of the conditions and demands of the workplace itself.

There was a reasonable high level of participation in the booth on the topic of Coping with Stress that was presented in the hospital lobby during Healthy Workplace Week. This initiative was well supported by upper management at the hospital and allowed for distribution of brochures and resources that linked employees to the Employee Assistance Provider as well as resources available in the local community.

The results of the survey indicated that overall there is a fairly positive feeling around the support available to staff at Southlake. These results must be interpreted with caution due to the small number of respondents in comparison to the total population of hospital employees. Specific areas for improvement were noted in the previous section along with suggestions for how hospital management could provide solutions to the concerns raised by employees.

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## Appendix

### How Healthy is my Work Culture? Self-Assessment Tool

#### Instructions:

Please note that the Occupational Health & Safety Department is collecting this information in order to define our objectives for future programming. Results of this survey may lead us to develop new educational strategies for employees and management to ensure we all feel supported in our roles at Southlake. The information is being collected **anonymously** and individual responses will remain confidential. We will tabulate the scores and notify staff of the aggregate results at a later date.

**All questions refer to your life at work.**

|     | Question   | Yes | No |
|-----|--|-----|----|
| 1.  | It is clear to me what I have to do and when I have to do it   |     |    |
| 2.  | I can talk openly and honestly with most of the people I work with on a regular basis                                |     |    |
| 3.  | I can talk openly and directly to my immediate manager/supervisor about any work-related matter that concerns me     |     |    |
| 4.  | I feel free to laugh out loud here   |     |    |
| 5.  | I am satisfied with the amount of involvement I have in decisions that affect my work                                |     |    |
| 6.  | I trust my direct manager/supervisor to take my interests into account when decisions that affect me are being made  |     |    |
| 7.  | I am well rewarded (in terms of praise and recognition) for the level of effort I put out for my job                 |     |    |
| 8.  | My workload is reasonable and fair   |     |    |
| 9.  | I am confident that any concerns I have about work will be seriously considered by my direct manager/supervisor      |     |    |
| 10. | My employer has a sincere interest in the well-being of its employees  |     |    |
| 11. | I am satisfied with the fairness and respect I receive on the job  |     |    |
| 12. | My direct supervisor shows an understanding of my need to have a life outside of work                                |     |    |
| 13. | My employer has good "work/life balance" policies in effect.   |     |    |
| 14. | I feel that my direct manager/supervisor values what I do.   |     |    |
| 15. | I have enough information about the purpose and context of my work to do my job properly                             |     |    |
| 16. | Mostly, I trust the people I work with to avoid doing or saying things that might harm me                            |     |    |
| 17. | I am proud of what we do here.   |     |    |
| 18. | My employer supports me in acquiring the new skills I need to keep up with changes in my job and in the environment. |     |    |
| 19. | My work environment stimulates me to be creative and imaginative   |     |    |
| 20. | The culture of this workplace is one that values consideration for others.   |     |    |